

215047694  
70206

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 148	Agency Case No. B5-107303	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) TIME OF ACCIDENT 1313		STATE USE ONLY  11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1329	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. West O Street		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION	IF NOT AT INTERSECTION				
1	NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	Highway 77 on ramp					
10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	2	VEHICLE NO. 1				
F	2	DRIVER LICENSE NO.	H13151823	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	2	DRIVER	CARL F KASCHKE	PHONE	402-617-0057	LOCAL NO.
V2/N	2	DRIVER ADDRESS	812 WEST A ST, LINCOLN, NE 68522	DATE OF BIRTH (MM / DD / YYYY)	02/01/1942	V1/1 18
G	5	OWNER	CARL F KASCHKE	PHONE	402-617-0057	V1/2
H	2	OWNER ADDRESS	812 WEST A ST, LINCOLN, NE 68522	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	V1/3
V1/O	1	LICENSE PLATE PA NO.	SHD123	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O	1	VEHICLE	1992 Dodge	MODEL	CAR	BODY STYLE Full size van
I	1	VEHICLE ID NO. (VIN)	2B4GH25K9NR600314	COLOR	blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 600
J	01	TOWED TO		TOWED BY		INSURANCE COMPANY Farmers Insurance
K	02	POLICY NO.	G00725151700	V1/5 18		
L	45	VEHICLE NO. 2				
M	7	DRIVER LICENSE NO.	H12298181	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
N	1	DRIVER	AMY C LEHMAN	PHONE	402-430-0961	LOCAL NO.
O	1	DRIVER ADDRESS	19 Eastridge Ave, YORK, NE 68467	DATE OF BIRTH (MM / DD / YYYY)	02/14/1980	V2/1 18
P	01	OWNER	AMY J LEHMAN	PHONE	402-430-0961	V2/2
Q	4	OWNER ADDRESS	19 EASTRIDGE AVE, YORK, NE 68467	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	V2/3
R	4	LICENSE PLATE PA NO.	17B361	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
S	4	VEHICLE	2006 Volkswagen	MODEL	2LP	BODY STYLE 4 door Sedan
T	02	VEHICLE ID NO. (VIN)	WVWEK73C96P070658	COLOR	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 900
U	02	TOWED TO		TOWED BY		INSURANCE COMPANY Allied Insurance
V	02	POLICY NO.	PPCM0038335478-2	V2/5 18		
W	02	VEHICLE NO. 3				
X	02	VEHICLE NO. 4				
Y	02	VEHICLE NO. 5				
Z	02	VEHICLE NO. 6				
AA	02	VEHICLE NO. 7				
AB	02	VEHICLE NO. 8				
AC	02	VEHICLE NO. 9				
AD	02	VEHICLE NO. 10				
AE	02	VEHICLE NO. 11				
AF	02	VEHICLE NO. 12				
AG	02	VEHICLE NO. 13				
AH	02	VEHICLE NO. 14				
AI	02	VEHICLE NO. 15				
AJ	02	VEHICLE NO. 16				
AK	02	VEHICLE NO. 17				
AL	02	VEHICLE NO. 18				
AM	02	VEHICLE NO. 19				
AN	02	VEHICLE NO. 20				
AO	02	VEHICLE NO. 21				
AP	02	VEHICLE NO. 22				
AQ	02	VEHICLE NO. 23				
AR	02	VEHICLE NO. 24				
AS	02	VEHICLE NO. 25				
AT	02	VEHICLE NO. 26				
AU	02	VEHICLE NO. 27				
AV	02	VEHICLE NO. 28				
AW	02	VEHICLE NO. 29				
AX	02	VEHICLE NO. 30				
AY	02	VEHICLE NO. 31				
AZ	02	VEHICLE NO. 32				
BA	02	VEHICLE NO. 33				
BB	02	VEHICLE NO. 34				
BC	02	VEHICLE NO. 35				
BD	02	VEHICLE NO. 36				
BE	02	VEHICLE NO. 37				
BF	02	VEHICLE NO. 38				
BG	02	VEHICLE NO. 39				
BH	02	VEHICLE NO. 40				
BI	02	VEHICLE NO. 41				
BJ	02	VEHICLE NO. 42				
BK	02	VEHICLE NO. 43				
BL	02	VEHICLE NO. 44				
BM	02	VEHICLE NO. 45				
BN	02	VEHICLE NO. 46				
BO	02	VEHICLE NO. 47				
BP	02	VEHICLE NO. 48				
BQ	02	VEHICLE NO. 49				
BR	02	VEHICLE NO. 50				
BS	02	VEHICLE NO. 51				
BT	02	VEHICLE NO. 52				
BU	02	VEHICLE NO. 53				
BV	02	VEHICLE NO. 54				
BW	02	VEHICLE NO. 55				
BX	02	VEHICLE NO. 56				
BY	02	VEHICLE NO. 57				
BZ	02	VEHICLE NO. 58				
CA	02	VEHICLE NO. 59				
CB	02	VEHICLE NO. 60				
CC	02	VEHICLE NO. 61				
CD	02	VEHICLE NO. 62				
CE	02	VEHICLE NO. 63				
CF	02	VEHICLE NO. 64				
CG	02	VEHICLE NO. 65				
CH	02	VEHICLE NO. 66				
CI	02	VEHICLE NO. 67				
CJ	02	VEHICLE NO. 68				
CK	02	VEHICLE NO. 69				
CL	02	VEHICLE NO. 70				
CM	02	VEHICLE NO. 71				
CN	02	VEHICLE NO. 72				
CO	02	VEHICLE NO. 73				
CP	02	VEHICLE NO. 74				
CQ	02	VEHICLE NO. 75				
CR	02	VEHICLE NO. 76				
CS	02	VEHICLE NO. 77				
CT	02	VEHICLE NO. 78				
CU	02	VEHICLE NO. 79				
CV	02	VEHICLE NO. 80				
CU	02	VEHICLE NO. 81				
CV	02	VEHICLE NO. 82				
CU	02	VEHICLE NO. 83				
CV	02	VEHICLE NO. 84				
CU	02	VEHICLE NO. 85				
CV	02	VEHICLE NO. 86				
CU	02	VEHICLE NO. 87				
CV	02	VEHICLE NO. 88				
CU	02	VEHICLE NO. 89				
CV	02	VEHICLE NO. 90				
CU	02	VEHICLE NO. 91				
CV	02	VEHICLE NO. 92				
CU	02	VEHICLE NO. 93				
CV	02	VEHICLE NO. 94				
CU	02	VEHICLE NO. 95				
CV	02	VEHICLE NO. 96				
CU	02	VEHICLE NO. 97				
CV	02	VEHICLE NO. 98				
CU	02	VEHICLE NO. 99				
CV	02	VEHICLE NO. 100				

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME	ADDRESS				Seat Position	Eject	Body Region	Injury Sev.	Trans.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-107303**

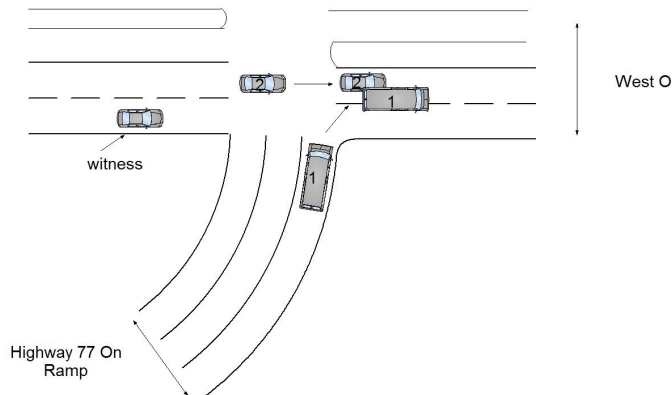


Indicate  
North  
by Arrow



Unknown POI  
Vehicles moved  
from scene

Not To Scale



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

The driver of vehicle 2 reported that she was traveling eastbound in the north lane on West O Street and she had a green light. She observed vehicle 1 turning onto West O Street from the Highway 77 on ramp and she slammed on her brakes, but was unable to avoid an accident. The driver of vehicle 1 said that there was a truck driving next to him and he couldn't see. He said that he thought he had a green light because he looked at the wrong set of lights. He pulled onto West O Street and hit vehicle 2. He didn't have any explanation of why he went into the far north lane when he turned. The driver of vehicle 1 appeared to be having difficulties understanding what happened. The witness reported that she was traveling in the south lane going eastbound on West O Street and she observed vehicle 1 coming off of the Highway 77 on ramp in the far lane. She said that vehicle 1 didn't stop and went through the red light into the north lane of West O ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Shannon L Barton	ADDRESS 54826 Eads Rd, Pacific Junction, IA	PHONE 402-677-9060		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2								
1	X				West O Street				4		2				
2			X		West O Street										
1	05	06 Turning left			POINT OF IMPACT	06	POINT OF IMPACT	02	1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		
2	01	08 Entering traffic lane			MOST DAMAGED AREA	06	MOST DAMAGED AREA	02	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2		
				09 Leaving traffic lane						3 Deployed - both front/side		3 Shoulder belt only used		Pedestrian	
				10 Parked						4 Not deployed		4 Lap belt only used			
				11 Slowing or stopped in traffic						5 Not applicable/ No airbag available		5 Child safety seat used			
				12 Other						6 Unknown		6 Child booster seat used			
				13 Unknown								7 DOT approved helmet used			
												8 Costume helmet used			
												9 Restraint use unknown			
														ALCOHOL/ DRUGS SUSPECTED	
														1 Neither alcohol nor drugs suspected	
														2 Yes - alcohol suspected	
														3 Yes - drugs suspected	
														4 Yes - alcohol & drugs suspected	
														5 Unknown	

OFFICER NO. 1254	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Lynette Russell		INVESTIGATOR SIGNATURE Approved by Officer Lynette Russell	DATE OF REPORT 11/17/2015

**70206**

## State of Nebraska

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./  
District 148

Agency	
Case	
No.	B5-107303

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

11/17/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY | Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

West O Street

striking vehicle 2.

OFFICER NO.

1254

TROOP/  
TEAM/  
BEAT NW

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Lynette Russell

Approved by Officer Lynette Russell

DATE OF  
ACCIDENT

11/17/2015